

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF IOWA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Oelwein Community Healthcare Foundation

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names
DBA Healthfirst Medical Park
DBA Healthfirst Medical

3. Debtor's federal Employer Identification Number (EIN) 45-3988044

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

2405 Rock Island Road
Oelwein, IA 50662

Number, Street, City, State & ZIP Code

Fayette
County

P.O. Box 83
Oelwein, IA 50662

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor Oelwein Community Healthcare Foundation Case number (if known) _____
Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☒ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6211

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☐ 50-99

☒ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 10, 2019**
MM / DD / YYYY

X /s/ W. Wayne Saur
Signature of authorized representative of debtor

Title **President**

W. Wayne Saur
Printed name

18. Signature of attorney

X /s/ Ronald C. Martin
Signature of attorney for debtor

Date **December 10, 2019**
MM / DD / YYYY

Ronald C. Martin AT0005050
Printed name

Day Rettig Martin, P.C.
Firm name

PO Box 2877
Cedar Rapids, IA 52406-2877
Number, Street, City, State & ZIP Code

Contact phone **(319) 365-0437** Email address **ronm@drpjlaw.com**

AT0005050 IA
Bar number and State

Fill in this information to identify the case:

Debtor name Oelwein Community Healthcare Foundation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 10, 2019

X /s/ W. Wayne Saur

Signature of individual signing on behalf of debtor

W. Wayne Saur

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**
 Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Allison M. Bahlman 35 7th Ave SE Oelwein, IA 50662		Accrued Paid Time Off				\$8,053.50
Baker Enterprises, Inc. 2203 E Bremer Ave. PO Box 277 Waverly, IA 50677		Mechanic's Lien - MNLR #018526-0	Disputed	\$43,245.34	\$3,970,000.00	\$43,245.34
Boomerang Corp. 12536 Buffalo Rd Anamosa, IA 52205		Mechanic's Lien - MNLR #018378-0	Disputed	\$49,946.40	\$3,970,000.00	\$49,946.40
Bradley & Riley PC 2007 1st Ave SE PO Box 2804 Cedar Rapids, IA 52406-2804		Legal services				\$21,313.00
CenturyLink PO Box 2956 Phoenix, AZ 85062-2956		Communication services	Disputed			\$28,052.88
Donald J. Woods Trust c/o Julia J. Woods, Trustee 17 Hillside Drive West Oelwein, IA 50662		2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule A/B for legal description of property.	Contingent Unliquidated	\$1,600,000.00	\$3,970,000.00	\$1,600,000.00
Eide Bailly LLP 1545 Associates Dr., Suite 101 Dubuque, IA 52002-2299						\$7,673.40

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FreedomBank f/k/a Farmers & Merchants Savings Bank 201 West Main St. PO Box 9 Waukon, IA 52172		Promissory Note secured by property located at 8586 N Ave., Maynard, IA 50655 owned by the Donald J. Woods Trust and a Guaranty by the Donald J. Woods				\$721,225.40
Henry Schein, Inc. 135 Duryea Road Melville, NY 11747						\$64,154.73
Iowa Solutions 1045 Sherman Rd. Hiawatha, IA 52233						\$22,018.82
Jessica Loban 220 East Street Maynard, IA 50655		Accrued Paid Time Off				\$8,639.06
Ken's Electric, Inc. 841 1st Ave. S.E. Oelwein, IA 50662		Mechanic's Lien - MNLR #018305-0	Disputed	\$47,916.99	\$3,970,000.00	\$47,916.99
Kyla Frost 24953 170th St Sumner, IA 50674		Accrued Paid Time Off				\$10,588.16
Mediacom PO BOX 5744 Carol Stream, IL 60197-5744		Communication services.	Disputed			\$10,095.11
Russell Construction Co., Inc. 4600 E 53rd St. Davenport, IA 52807		Mechanic's Lien - MNLR #018196-0	Contingent Unliquidated Disputed	\$288,042.18	\$3,970,000.00	\$288,042.18
Shared Medical Services, Inc. 209 Limestone Pass Cottage Grove, WI 53527-8968						\$14,615.00
StewartScape, Inc. 3287 R Ave. Oelwein, IA 50662		Mechanic's Lien - MNLR #018508-0	Disputed	\$9,561.00	\$3,970,000.00	\$9,561.00
The Coding Network, LLC PO Box 101794 Pasadena, CA 91189-1794						\$7,920.35

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Veridian Credit Union Commercial Lending 1827 Ansborough Avenue PO Box 6000 Waterloo, IA 50704-6000		2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property.		\$4,394,750.00	\$3,970,000.00	\$424,750.00
WAPITI MEDICAL GROUP, LC 6112 Chancellor Dr. Cedar Falls, IA 50613						\$10,589.43

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **3,970,000.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **54,812.88**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **4,024,812.88**

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **6,733,767.36**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **63,092.62**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **953,580.00**

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ **7,750,439.98**

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand** **\$16.69**

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. **Freedom Bank**
Balance as of 12/05/2019 **Checking** **6506** **\$5,432.96**

3.2. **Veridian Credit Union**
Balance as of 12/05/2019 **Savings** **6040** **\$5.00**

3.3. **Veridian Credit Union**
Balance as of 12/05/2019 **Commerical Package Draft** **6040** **\$32.22**

3.4. **U.S. Bank** **Analyzed Checking** **1642** **\$175.00**

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,661.87

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

Debtor **Oelwein Community Healthcare Foundation** Case number (If known) _____
Name

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 340.00 - 0.00 = \$340.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 44,600.80 - 0.00 = \$44,600.80
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$44,940.80

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software 2 surge protectors, Dell laptop, and hotspot	\$0.00		Unknown

Debtor Oelwein Community Healthcare Foundation Case number (If known) _____
Name

**purchaed in 09/2018 from Iowa Solutions
located at 416 N Frederick Ave., Oelwein, IA
50662.**

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**
Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property.	Owner	\$0.00	Appraisal	\$3,970,000.00

56. **Total of Part 9.**
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$3,970,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☐ No
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

Debtor **Oelwein Community Healthcare Foundation**

Name

Case number (If known)

- ☐ No
☒ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites www.healthfirstmedical.org (taken down/offline on 06/14/2019)	\$0.00		\$0.00
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations The Debtor has a Patient List which is subject to HIPAA.	\$0.00		\$0.00
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. Notes receivable
Description (include name of obligor)
72. Tax refunds and unused net operating losses (NOLs)
Description (for example, federal, state, local)

Debtor Oelwein Community Healthcare Foundation Case number (If known) _____
Name

73. **Interests in insurance policies or annuities**
Philadelphia Indemnity Insurance Co., PO Box 950, Bala Cymwyd, PA 19004 - Insurance Policy ending 9657. **Unknown**

General liability policy with Travelers, PO Box 650293, Dallas, TX 75265-0293. **Unknown**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
Potential cause of action against Michael D. Sundall, FACMPE and CEO of Physicians Clinic of Iowa (PCI), for breach of contract, misrepresentation regarding the business plan and proforma he prepared for Oelwein Community Healthcare Foundation which were relied upon as part of the process of obtaining financing to get the facility built, and any other acts that may be discovered upon further investigation. **Unknown**
Nature of claim _____
Amount requested \$0.00

Potential cause of action against Signs N Frames of Elkader, Iowa. regarding damage caused to roof when "Urgent Care" sign was installed on the front of the facility. **\$2,591.63**
Nature of claim _____
Amount requested \$2,591.63

Potential cause of action against Young Plumbing & Heating, 750 S Hackett Rd., P.O. Box 1077, Waterloo, IA 50701-3129, regarding failure repair a broken boiler circulating pump pursuant to the one (1) year warranty. **Unknown**
Nature of claim _____
Amount requested \$0.00

Potential cause of action against Russell Construction regarding construction of the CT Scanning Room, it was not constructed per the specifications/plans, and there was insufficient ventilation and cooling to property use the CT Body Scanner. **Unknown**
Nature of claim _____
Amount requested \$0.00

Potential cause of action against Veridian Credit Union for lender liability and contribution. **Unknown**
Nature of claim _____
Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Debtor Oelwein Community Healthcare Foundation Case number (If known) _____
Name

Water Purification System purchased from ELGA LabWater, LLC and Veolia Water Tchhnologies on 09/21/2018 located at 2405 Rock Island Road, Oelwein, IA 50662.

Unknown

4 drawer vertical file cabinet, 2 drawer vertical file cabinet, 2 drawer horizontal file cabinet, 3-4 year old Lenova laptop, electric hole puncher, slide projector & case, key box, a couple of Norman Rockwell prints & framed photographs located at 24 N Frederick Ave., Oelwein, IA 50662.

\$0.00

Miscellaneous laminated indoor signage (ADA compliant) purchased from Signs & Frames located at 2405 Rock Island Road, Oelwein, IA 50662.

\$0.00

Donated holiday decorations stored in basement at 120 E Charles St., Oelwein, IA 50662.

\$0.00

Day Rettig Martin, P.C. Attorney Retainer held in Trust

\$1,618.58

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$4,210.21

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No
☐ Yes

Debtor Oelwein Community Healthcare Foundation Case number (if known) _____
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$5,661.87</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$44,940.80</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$3,970,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$4,210.21</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$54,812.88</u>	+ 91b. <u>\$3,970,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$4,024,812.88</u>

SCHEDULE "A"

Legal description for 2405 Rock Island Road, Oelwein, Iowa 50662:

PARCEL "S" IN THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER AND THE NORTHEAST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 33, TOWNSHIP 91 NORTH, RANGE 9 WEST OF THE FIFTH P.M., AS DESCRIBED IN SURVEY BY MATT McELREE RECORDED AS FILE NO. 2014-1032, OELWEIN, FAYETTE COUNTY, IOWA, and more particularly described as follows:

Commencing at the Southwest Comer of said Northeast Quarter of the Southeast Quarter;

Thence North $01^{\circ}52'51''$ West (Assumed Bearing), 368.87 feet along the West Line of said Quarter-Quarter Section to the Point of Beginning;

Thence South $82^{\circ}34'29''$ West, 91.94 feet to the Easterly Right-of-Way Line of Rock Island Road (Iowa Highway 150);

Thence North $07^{\circ}25'31''$ West, 347.52 feet;

Thence Northerly 298.73 feet along an 11,397.09 foot radius curve concave Easterly, (said curve having a Long Chord of North $06^{\circ}40'28''$ West, 298.72 feet, all along said Right-of-Way Line;

Thence North $82^{\circ}34'29''$ East, 670.76 feet;

Thence South $07^{\circ}25'31''$ East, 646.22 feet;

Thence South $82^{\circ}34'29''$ West, 582.74 feet to the Point of Beginning;

Containing 10.00 Acres, subject to easements of record.

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Baker Enterprises, Inc. <small>Creditor's Name</small> 2203 E Bremer Ave. PO Box 277 Waverly, IA 50677 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 03/02/2018 to 10/01/2018 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. 1. Veridian Credit Union 2. Shirley Jane Saur 3. Donald J. Woods Trust 4. Russell Construction Co., Inc. 5. Ken's Electric, Inc. 6. Boomerang Corp. 7. Forman Ford 8. StewartScape, Inc. 9. Baker Enterprises, Inc.	Describe debtor's property that is subject to a lien 2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property. Describe the lien Mechanic's Lien - MNLR #018526-0 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$43,245.34 \$3,970,000.00

2.2	Boomerang Corp. <small>Creditor's Name</small> 12536 Buffalo Rd Anamosa, IA 52205 <small>Creditor's mailing address</small> Describe debtor's property that is subject to a lien 2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property. Describe the lien Mechanic's Lien - MNLR #018378-0 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No	\$49,946.40 \$3,970,000.00
-----	--	---

Debtor **Oelwein Community Healthcare Foundation**

Case number (if know)

Name

Creditor's email address, if known

Date debt was incurred

09/27/2018 to 01/17/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.3 Donald J. Woods Trust

Creditor's Name

**c/o Julia J. Woods, Trustee
17 Hillside Drive West
Oelwein, IA 50662**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

03/06/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

**2405 Rock Island Road, Oelwein, Iowa 50662,
see Schedule A/B for legal description of
property.**

\$1,600,000.00

\$3,970,000.00

Describe the lien

Mortgage

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☐ Disputed

2.4 Fayette County Treasurer

Creditor's Name

**112 N Vine Street
PO Box 273
West Union, IA 52175-0273**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

0003

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Property Taxes - accrued but not payable
until 03/01/2020**

\$115.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.5 Forman Ford

Describe debtor's property that is subject to a lien

\$6,190.45

\$3,970,000.00

Debtor **Oelwein Community Healthcare Foundation** Case number (if know) _____

Name

Creditor's Name

**PO Box 692
Cedar Rapids, IA 52406**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred
04/09/2018 to 02/01/2019
Last 4 digits of account number**

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

**2405 Rock Island Road, Oelwein, Iowa 50662,
see Schedule "A" for legal description of property.**

Describe the lien

Mechanic's Lien - MNLR #018478-0

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.6 Ken's Electric, Inc.

Creditor's Name

**841 1st Ave. S.E.
Oelwein, IA 50662**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred
01/18/2018 thru 09/27/2018
Last 4 digits of account number**

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

**2405 Rock Island Road, Oelwein, Iowa 50662,
see Schedule "A" for legal description of property.**

\$47,916.99

\$3,970,000.00

Describe the lien

Mechanic's Lien - MNLR #018305-0

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.7 Russell Construction Co., Inc.

Creditor's Name

**4600 E 53rd St.
Davenport, IA 52807**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred
09/28/2017 thru 01/22/2019
Last 4 digits of account number**

Describe debtor's property that is subject to a lien

**2405 Rock Island Road, Oelwein, Iowa 50662,
see Schedule "A" for legal description of property.**

\$288,042.18

\$3,970,000.00

Describe the lien

Mechanic's Lien - MNLR #018196-0

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Oelwein Community Healthcare Foundation**

Case number (if know)

Name

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.8 Shirley Jane Saur

Creditor's Name

**411 - 8th Avenue N.E.
Oelwein, IA 50662**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

03/06/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property.

\$294,000.00

\$3,970,000.00

Describe the lien

Mortgage

Is the creditor an insider or related party?

☐ No

☒ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.9 StewartScape, Inc.

Creditor's Name

**3287 R Ave.
Oelwein, IA 50662**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

01/01/2019 to 02/27/2019

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

Describe debtor's property that is subject to a lien

2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property.

\$9,561.00

\$3,970,000.00

Describe the lien

Mechanic's Lien - MNLR #018508-0

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

2.10 Veridian Credit Union

Creditor's Name

**Commercial Lending
1827 Ansborough Avenue
PO Box 6000
Waterloo, IA 50704-6000**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2405 Rock Island Road, Oelwein, Iowa 50662, see Schedule "A" for legal description of property.

\$4,394,750.00

\$3,970,000.00

Describe the lien

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if know)

Mortgage & Assignment of Rents

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

12/06/2017

Last 4 digits of account number

162

Do multiple creditors have an interest in the same property?

☐ No

☒ Yes. Specify each creditor, including this creditor and its relative priority.

Specified on line 2.1

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$6,733,767.36

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Christopher O'Donohoe
Elwood, O'Donohoe, Braun & White
101 North Locust Ave.
PO Box 310
New Hampton, IA 50659**

Line **2.9**

**Larry S. Eide
Pappajohn, Shriver, Eide & Nielsen P.C.
103 East State Street
PO Box 1588
Mason City, IA 50402-1588**

Line **2.3**

**Mollie Pawlosky
Dickinson, Mackaman, Tyler & Hagen, P.C.
699 Walnut Street, Ste 1600
Des Moines, IA 50309-3986**

Line **2.10**

**Paul D. Burns
Bradley & Riley PC
2007 First Ave. SE
Cedar Rapids, IA 52402**

Line **2.5**

**Ralph W. Heninger
Heninger and Heninger P.C.
10 W 2nd St., Ste 501
Davenport, IA 52801-1815**

Line **2.7**

**Ron Van Veldhuizen
R.L. Van Veldhuizen Law Firm
19 East Charles St.
Oelwein, IA 50662**

Line **2.6**

Debtor **Oelwein Community Healthcare Foundation**
Name

Case number (if know)

Samuel E. Jones
Shuttleworth & Ingersoll, P.L.C.
115 Third St. SE, Ste 500
PO Box 2107
Cedar Rapids, IA 52406-2107

Line **2.2**

Todd Locher
Locher & Davis PLC
PO Box 7
Farley, IA 52046

Line **2.1**

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>Abigail A. Roete 4473 Outer Road Oelwein, IA 50662</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Accrued Paid Time Off</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$76.99	\$76.99
2.2	<p>Priority creditor's name and mailing address</p> <p>Abigail A. Roete 4473 Outer Road Oelwein, IA 50662</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>401(k) match payable to Midwest Group Benefits, Inc. as third party administrator</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$356.21	\$356.21

Debtor	Oelwein Community Healthcare Foundation	Case number (if known)
	Name	

2.3	Priority creditor's name and mailing address Alexa D. Blomme 1934 Rainbow Dr Cedar Falls, IA 50613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,150.30	\$3,150.00
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Bonus pay for training in Arizona and Accrued Paid Time Off		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address Alexa D. Blomme 1934 Rainbow Dr Cedar Falls, IA 50613	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$42.26	\$42.26
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Allison M. Bahlman 35 7th Ave SE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,053.50	\$8,053.50
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Accrued Paid Time Off		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Allison M. Bahlman 35 7th Ave SE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$726.48	\$726.48
	Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

2.7	<p>Priority creditor's name and mailing address</p> <p>Amanda J. Gelhausen 801 5th St SE Oelwein, IA 50662</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued Paid Time Off</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$1,368.42</p> <p>\$1,368.42</p>
2.8	<p>Priority creditor's name and mailing address</p> <p>Amanda J. Gelhausen 801 5th St SE Oelwein, IA 50662</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$624.36</p> <p>\$624.36</p>
2.9	<p>Priority creditor's name and mailing address</p> <p>Anne E. Jergens 502 Amy Ave Fairbank, IA 50629</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Accrued Paid Time Off</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$2,495.07</p> <p>\$2,495.07</p>
2.10	<p>Priority creditor's name and mailing address</p> <p>Anne E. Jergens 502 Amy Ave Fairbank, IA 50629</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$770.45</p> <p>\$770.45</p>

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known)
--------	--	------------------------

2.11	Priority creditor's name and mailing address Clay F. Hallberg 908 7th Ave NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,050.00	\$6,050.00
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Clay F. Hallberg 908 7th Ave NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,084.61	\$1,084.61
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Danielle N. Beatty 4750 90th St Arlington, IA 50606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,653.88	\$1,653.88
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Danielle N. Beatty 4750 90th St Arlington, IA 50606	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$101.63	\$101.63
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known)
--------	--	------------------------

2.15	Priority creditor's name and mailing address Internal Revenue Service P. O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
Date or dates debt was incurred		Basis for the claim: Notice purposes only.		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address Iowa Department of Revenue Office of the Attorney General of Iowa Attn: Bankruptcy Unit 1305 E. Walnut Street Des Moines, IA 50319	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
Date or dates debt was incurred		Basis for the claim: Notice purposes only.		
Last 4 digits of account number 4001 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address Iowa Workforce Development 1000 East Grand Avenue Des Moines, IA 50319-0209	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: Notice purposes only.		
Last 4 digits of account number 6029 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address Jamie J. Rummel 706 Collins Rd. Fairbank, IA 50629	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$437.00	\$437.00
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known)
2.19	<p>Priority creditor's name and mailing address</p> <p>Jessica Loban 220 East Street Maynard, IA 50655</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Accrued Paid Time Off</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$8,639.06 \$8,639.06</p>
2.20	<p>Priority creditor's name and mailing address</p> <p>Jill B. Meyer 1110 Yukon Ave Sumner, IA 50674</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Accrued Paid Time Off</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$595.41 \$595.41</p>
2.21	<p>Priority creditor's name and mailing address</p> <p>Jill B. Meyer 1110 Yukon Ave Sumner, IA 50674</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$603.32 \$603.32</p>
2.22	<p>Priority creditor's name and mailing address</p> <p>Jill D. Dierks 12275 Q Ave Maynard, IA 50655</p> <hr/> <p>Date or dates debt was incurred</p> <hr/> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <hr/> <p>Basis for the claim: Accrued Paid Time Off</p> <hr/> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<p>\$831.25 \$831.25</p>

Debtor	Oelwein Community Healthcare Foundation		Case number (if known)	
	Name			

2.23	Priority creditor's name and mailing address Jill D. Dierks 12275 Q Ave Maynard, IA 50655	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,022.30	\$1,022.30
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address Kimberly Eckhoff 108 8th Ave. SE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$444.08	\$444.08
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address Kyla Frost 24953 170th St Sumner, IA 50674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,588.16	\$10,588.16
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address Kyla Frost 24953 170th St Sumner, IA 50674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$971.41	\$971.41
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Oelwein Community Healthcare Foundation Name		Case number (if known)
2.27	Priority creditor's name and mailing address Lindsey M. Rechkemmer 915 1st St NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,142.23 \$3,142.23
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address Lindsey M. Rechkemmer 915 1st St NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$191.77 \$191.77
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address Lisa Nafziger 1705 354TH AVE Wever, IA 52658	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,813.96 \$1,813.96
Date or dates debt was incurred		Basis for the claim: Accrued Paid Time Off	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address Lisa Nafziger 1705 354TH AVE Wever, IA 52658	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$83.08 \$83.08
Date or dates debt was incurred		Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known)
2.31	Priority creditor's name and mailing address Marsha Black 908 7th Ave NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Accrued Paid Time Off
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$59.76 \$59.76
2.32	Priority creditor's name and mailing address Mary Bridget C. Frank 416 N Frederick Ave Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: Accrued wages for 12/02/19 to 12/06/19 plus accrued Paid Time Off
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,717.64 \$5,717.64
2.33	Priority creditor's name and mailing address Mary Bridget C. Frank 416 N Frederick Ave Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$360.67 \$360.67
2.34	Priority creditor's name and mailing address Megan Imoehl 2630 Manor St. Waterloo, IA 50702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred	Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$83.08 \$0.00

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known)
2.35	Priority creditor's name and mailing address Sarah L. Kadlec 820 W 1st St. Sumner, IA 50674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$554.99 \$554.99
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Accrued Paid Time Off Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.36	Priority creditor's name and mailing address Sarah L. Kadlec 820 W 1st St. Sumner, IA 50674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$33.61 \$33.61
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (5)	Basis for the claim: 401(k) match payable to Midwest Group Benefits, Inc. as third party administrator Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.37	Priority creditor's name and mailing address Selina M. Berry 2387 20th Street Lamont, IA 50650	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$185.89 \$185.89
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Accrued Paid Time Off Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.38	Priority creditor's name and mailing address Shianne N. Moser 416 3rd Ave. NE Oelwein, IA 50662	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		\$162.12 \$162.12
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Accrued Paid Time Off Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

2.39 Priority creditor's name and mailing address

Shianne N. Moser
416 3rd Ave. NE
Oelwein, IA 50662

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$17.67 **\$17.67**

Date or dates debt was incurred

Basis for the claim:

401(k) match payable to Midwest Group Benefits, Inc. as third party administrator

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY
unsecured claim: 11 U.S.C. § 507(a) (5)

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

Abbott Laboratories Inc.
D-943, CP1-4
100 Abbott Park Road
North Chicago, IL 60064-6095

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Unknown

Date(s) debt was incurred 06/21/2018

Basis for the claim: Potential lease deficiency

Last 4 digits of account number P245

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address

Ace Hardware
20 North Frederick
Oelwein, IA 50662

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address

Airgas USA, LLC
407 Performance Dr.
Cedar Falls, IA 50613

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number 8523

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address

Alliant Energy
PO Box 3060
Cedar Rapids, IA 52406-3060

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$4,985.36

Date(s) debt was incurred

Basis for the claim:

Last 4 digits of account number 8639

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address

American Proficiency Institute
Dept. 9526
PO Box 30516
Lansing, MI 48909-8016

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

\$0.00

Date(s) debt was incurred Various

Basis for the claim:

Last 4 digits of account number 5341

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Oelwein Community Healthcare Foundation Name	Case number (if known) _____
--------	--	------------------------------

3.6	Nonpriority creditor's name and mailing address Bio-RAD Laboratories, Inc. PO Box 849740 Los Angeles, CA 90084-9740 Date(s) debt was incurred _____ Last 4 digits of account number <u>3911</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,173.21 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	---

3.7	Nonpriority creditor's name and mailing address Bradley & Riley PC 2007 1st Ave SE PO Box 2804 Cedar Rapids, IA 52406-2804 Date(s) debt was incurred _____ Last 4 digits of account number <u>5522</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$21,313.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---	--

3.8	Nonpriority creditor's name and mailing address Brown's Medical Imaging 14315 C Circle Omaha, NE 68144-3392 Date(s) debt was incurred _____ Last 4 digits of account number <u>9259</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Buchanan County Health Center reached an agreement with Brown's and purchased the 3D Mammography equipment. It agreed that this resolves all claims with the Oelwein Community Healthcare Foundation.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	--

3.9	Nonpriority creditor's name and mailing address Canon Medical Finance USA 1000 Howard Blvd., Ste 103 Mount Laurel, NJ 08054 Date(s) debt was incurred _____ Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Potential lease deficiency</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--	---

3.10	Nonpriority creditor's name and mailing address Cedar Valley Medical Specialists, P.C. 4150 Kimball Ave. Waterloo, IA 50704 Date(s) debt was incurred <u>02/17/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Specialty Services Agreement between Health First Medical and Cedar Valley Medical Specialists, P.C.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

3.11	Nonpriority creditor's name and mailing address CenturyLink PO Box 2956 Phoenix, AZ 85062-2956 Date(s) debt was incurred _____ Last 4 digits of account number <u>9258</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$28,052.88 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Communication services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name

3.12 Nonpriority creditor's name and mailing address

Cepheid
904 Caribbean Dr.
Sunnyvale, CA 94089

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Reagent Rental Agreement regarding the use of Cepheid instrumentation.**

Is the claim subject to offset? ☒ No ☐ Yes

Unknown

3.13 Nonpriority creditor's name and mailing address

City Laundering
PO Box 622
Oelwein, IA 50662

Date(s) debt was incurred _____

Last 4 digits of account number **0635**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.14 Nonpriority creditor's name and mailing address

City of Oelwein
20 2nd Ave SW
Oelwein, IA 50662

Date(s) debt was incurred _____

Last 4 digits of account number **3000**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.15 Nonpriority creditor's name and mailing address

CompuGroup Medical
10715 Red Run Blvd, Suite 101
Owings Mills, MD 21117

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.16 Nonpriority creditor's name and mailing address

Copy Systems Inc.
920 E. 21st St.
Des Moines, IA 50317

Date(s) debt was incurred _____

Last 4 digits of account number **9258**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$640.31

3.17 Nonpriority creditor's name and mailing address

Eide Bailly LLP
1545 Associates Dr., Suite 101
Dubuque, IA 52002-2299

Date(s) debt was incurred _____

Last 4 digits of account number **7198**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$7,673.40

3.18 Nonpriority creditor's name and mailing address

Employee Benefit Systems
Attn: COBRA Dept.
PO Box 681
Burlington, IA 52601-0681

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

3.19	<p>Nonpriority creditor's name and mailing address FreedomBank f/k/a Farmers & Merchants Savings Bank 201 West Main St. PO Box 9 Waukon, IA 52172 Date(s) debt was incurred <u>01/08/2019</u> Last 4 digits of account number <u>6020</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$721,225.40</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Promissory Note secured by property located at 8586 N Ave., Maynard, IA 50655 owned by the Donald J. Woods Trust and a Guaranty by the Donald J. Woods Trust.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	<p>Nonpriority creditor's name and mailing address Geisler Brothers Co. 1500 Radford Rd. Dubuque, IA 52002-2115 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	<p>Nonpriority creditor's name and mailing address Henry Schein, Inc. 135 Duryea Road Melville, NY 11747 Date(s) debt was incurred _____ Last 4 digits of account number <u>3016</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,154.73</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.22	<p>Nonpriority creditor's name and mailing address Hubbard, Broadbent and Associates, Ltd. 5322 Davis St. Skokie, IL 60077-1535 Date(s) debt was incurred <u>09/17/2018</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,320.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	<p>Nonpriority creditor's name and mailing address Image Works 701 Deming Way, Suite 201 Madison, WI 53717 Date(s) debt was incurred _____ Last 4 digits of account number <u>4819</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,000.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	<p>Nonpriority creditor's name and mailing address ImageFirst 4870 J St. SW Cedar Rapids, IA 52404 Date(s) debt was incurred _____ Last 4 digits of account number <u>T000</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,503.96</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	<p>Nonpriority creditor's name and mailing address InstyMeds Corporation 6501 City West Pkwy Eden Prairie, MN 55344 Date(s) debt was incurred _____ Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,797.07</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>InstyMeds Medication Adherence System Agreement by and between InstyMeds Corporation, RedPharm Drug, Inc., and HealthFirst Medical dated 05/31/2018.</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor **Oelwein Community Healthcare Foundation** Case number (if known) _____
Name

3.26 Nonpriority creditor's name and mailing address **Iowa Solutions**
1045 Sherman Rd.
Hiawatha, IA 52233
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$22,018.82**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.27 Nonpriority creditor's name and mailing address **Kerns Company, Inc.**
841 1st Ave. SE
Oelwein, IA 50662
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.28 Nonpriority creditor's name and mailing address **Kluesner Sanitation, LLC**
1005 1st Ave NW
PO Box 335
Farley, IA 52046
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.29 Nonpriority creditor's name and mailing address **KWWL Television Inc.**
PO Box 1001
Quincy, IL 62306-1001
Date(s) debt was incurred 10/31/18
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Artwork/Graphics Production and Voice Over Audio Recording
Is the claim subject to offset? ☒ No ☐ Yes

3.30 Nonpriority creditor's name and mailing address **McKesson Medical-Surgical**
9954 Mayland Dr, Ste 4000
Richmond, VA 23233
Date(s) debt was incurred _____
Last 4 digits of account number 4237
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: Buchanan County Health Center reached an agreement with McKeesen and purchased the equipment. It agreed that this resolves all claims with the Oelwein Community Healthcare Foundation.
Is the claim subject to offset? ☒ No ☐ Yes

3.31 Nonpriority creditor's name and mailing address **Mediacom**
PO BOX 5744
Carol Stream, IL 60197-5744
Date(s) debt was incurred _____
Last 4 digits of account number 1300
As of the petition filing date, the claim is: Check all that apply. **\$10,095.11**
☐ Contingent
☐ Unliquidated
☒ Disputed
Basis for the claim: Communication services.
Is the claim subject to offset? ☒ No ☐ Yes

3.32 Nonpriority creditor's name and mailing address **Medshred**
1000 Thomas Beck Rd.
Des Moines, IA 50315
Date(s) debt was incurred _____
Last 4 digits of account number _____
As of the petition filing date, the claim is: Check all that apply. **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name

3.33 Nonpriority creditor's name and mailing address
Mercy Medical Center
d/b/a Mercy Hall-Perrine Cancer Center
Attn: Rita Harris, Director
701 10th St. SE
Cedar Rapids, IA 52403
Date(s) debt was incurred 02/01/2019
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: License and Services Agreement between Oelwein Community Healthcare Foundation d/b/a Healthfirst Medical Park and Mercy Medical Center, Cedar Rapids, Iowa d/b/a Mercy Hall-Perrine Cancer Center.

Is the claim subject to offset? ☒ No ☐ Yes

3.34 Nonpriority creditor's name and mailing address
Merritt Hawkins & Associates
PO Box 281943
Atlanta, GA 30384-1943
Date(s) debt was incurred _____
Last 4 digits of account number FQA0

As of the petition filing date, the claim is: *Check all that apply.*

\$5,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.35 Nonpriority creditor's name and mailing address
Midwest Group Benefits Inc.
PO Box 408
Decorah, IA 52101
Date(s) debt was incurred 07/10/2019
Last 4 digits of account number 2610

As of the petition filing date, the claim is: *Check all that apply.*

\$800.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: 2018-2019 Annual Base Fee, Prepare Annual Report, Compliance & Nondiscrimination Testing, Employer & Participant Accounting & Services related to the termination of the 401(k) Plan

Is the claim subject to offset? ☒ No ☐ Yes

3.36 Nonpriority creditor's name and mailing address
MMIC Insurance, Inc.
7701 France Ave. S, Ste 500
Minneapolis, MN 55435
Date(s) debt was incurred _____
Last 4 digits of account number 2186

As of the petition filing date, the claim is: *Check all that apply.*

\$3,579.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.37 Nonpriority creditor's name and mailing address
Oelwein Family Pharmacy
32 S Frederick Ave.
Oelwein, IA 50662
Date(s) debt was incurred _____
Last 4 digits of account number 212

As of the petition filing date, the claim is: *Check all that apply.*

\$824.13

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.38 Nonpriority creditor's name and mailing address
Oelwein Publishing
PO Box 511
Oelwein, IA 50662-0511
Date(s) debt was incurred _____
Last 4 digits of account number 5495

As of the petition filing date, the claim is: *Check all that apply.*

\$4,334.51

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.39 Nonpriority creditor's name and mailing address
ONESOURCE
PO BOX 24148
Omaha, NE 68124
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name

3.40 Nonpriority creditor's name and mailing address

**Professional Office Services
PO Box 450
Waterloo, IA 50704**

Date(s) debt was incurred _____

Last 4 digits of account number **7083**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.41 Nonpriority creditor's name and mailing address

**Radiology Consultants of Iowa PLC
Attn: Accounting Dept.
1956 1st Ave. NE
Cedar Rapids, IA 52402**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Buchanan County Health Center reached an agreement with RCI, it will not proceed with claims with Oelwein Community Healthcare Foundation.**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.42 Nonpriority creditor's name and mailing address

**Rite Price Office Supply
214 S. Frederick
Oelwein, IA 50662-2041**

Date(s) debt was incurred **Various Dates**

Last 4 digits of account number **HF01**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.43 Nonpriority creditor's name and mailing address

**robertson manufacturing
3020 Hickory Grove Rd.
Davenport, IA 52806-3331**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.44 Nonpriority creditor's name and mailing address

**Sensoscientific
685 Cochran St., Ste 200
Simi Valley, CA 93065**

Date(s) debt was incurred _____

Last 4 digits of account number **9258**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.45 Nonpriority creditor's name and mailing address

**Shared Medical Services, Inc.
209 Limestone Pass
Cottage Grove, WI 53527-8968**

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$14,615.00

3.46 Nonpriority creditor's name and mailing address

**State Hygienic Laboratory
PO Box 310405
Des Moines, IA 50331-0405**

Date(s) debt was incurred _____

Last 4 digits of account number **5503**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name

3.47	Nonpriority creditor's name and mailing address The Coding Network, LLC PO Box 101794 Pasadena, CA 91189-1794 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,920.35
3.48	Nonpriority creditor's name and mailing address The Shredder 1000 Thomas Beck Rd. Des Moines, IA 50315 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,941.22
3.49	Nonpriority creditor's name and mailing address TIAA Commercial Finance, Inc. PO Box 911608 Denver, CO 80291-1608 Date(s) debt was incurred _____ Last 4 digits of account number <u>4952</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract for GE LOGIQ E9 Package, Serial #181005176027. Lender repossessed and sold the equipment but assessed late charges and sent a deficiency notice.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.50	Nonpriority creditor's name and mailing address Townsquare Media, Inc. 501 Sycamore St., Ste 300 Waterloo, IA 50703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,220.00
3.51	Nonpriority creditor's name and mailing address United Healthcare Insurance Company PO Box 10176 Atlanta, GA 30392-1760 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Request for overpayment of insurance proceeds.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,368.81
3.52	Nonpriority creditor's name and mailing address VOICEPRODUCTS 8555 East 32nd St. North Wichita, KS 67226 Date(s) debt was incurred _____ Last 4 digits of account number <u>HM05</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.53	Nonpriority creditor's name and mailing address WAPITI MEDICAL GROUP, LC 6112 Chancellor Dr. Cedar Falls, IA 50613 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,589.43

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

3.54 Nonpriority creditor's name and mailing address
Weland Clinical Laboratories, PC
1911 First Ave. SE
PO Box 1924
Cedar Rapids, IA 52406-1924
 Date(s) debt was incurred _____
 Last 4 digits of account number **2811**

As of the petition filing date, the claim is: *Check all that apply.*

\$4,434.30

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.55 Nonpriority creditor's name and mailing address
Wellmark BlueCross BlueShield
PO Box 14456
Des Moines, IA 50306
 Date(s) debt was incurred _____
 Last 4 digits of account number **1000**

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Abbott P.O. Box 92679 Chicago, IL 60675-2679	Line 3.1 <input type="checkbox"/> Not listed. Explain _____	—
4.2	Canon Financial Services, Inc. 14904 Collections Ctr Dr. Chicago, IL 60693	Line 3.9 <input type="checkbox"/> Not listed. Explain _____	—
4.3	Canon Medical Finance USA 158 Gaither Dr., Ste 200 Mount Laurel, NJ 08054	Line 3.9 <input type="checkbox"/> Not listed. Explain _____	—
4.4	Canon Medical Systems USA, Inc. Service Contracts Administration Attn: Diane Rios 2441 Michelle Drive Tustin, CA 92780	Line 3.9 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Caroline Giddings General Counsel Mercy Medical Center 701 10th St. SE Cedar Rapids, IA 52403	Line 3.33 <input type="checkbox"/> Not listed. Explain _____	—
4.6	Credit Management, L.P. 6080 Tennyson Parkway, Ste 100 Plano, TX 75024-6002	Line 3.4 <input type="checkbox"/> Not listed. Explain _____	9110
4.7	Creditors Recovery Systems, Inc. 212 West St. Charles Road Villa Park, IL 60181	Line 3.5 <input type="checkbox"/> Not listed. Explain _____	7524

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.8 **David Gengler**
Kohner Mann & Kailas, S.C.
Washington Bldg, Barnabas Business Ctr
Milwaukee, WI 53212-1059

Line **3.1**

1669

☐ Not listed. Explain _____

4.9 **Erin Dalziel**
Risk Manager
Cedar Valley Medical Specialists, P.C.
4150 Kimball Ave.
Waterloo, IA 50704

Line **3.10**

—

☐ Not listed. Explain _____

4.10 **RedPharm Drug, Inc.**
6501 City West Parkway
Eden Prairie, MN 55344

Line **3.25**

—

☐ Not listed. Explain _____

4.11 **TIAA Commerical Finance, Inc.**
10 Waterview Blvd., 2nd Fl.
Parsippany, NJ 07054

Line **3.49**

—

☐ Not listed. Explain _____

4.12 **Tim L. Charles, President & CEO**
Mercy Medical Center
701 10th St. SE
Cedar Rapids, IA 52403

Line **3.33**

—

☐ Not listed. Explain _____

4.13 **US Attorney (IRS)**
111 7th Avenue SE, Box 1
Cedar Rapids, IA 52401

Line **2.15**

—

☐ Not listed. Explain _____

4.14 **Wesley B. Huisinga**
Shuttleworth & Ingersoll, PLC
115 3rd St. SE, Ste 500
Cedar Rapids, IA 52401

Line **3.19**

—

☐ Not listed. Explain _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **63,092.62**

5b. + \$ **953,580.00**

5c. \$ **1,016,672.62**

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

Property

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Master Services Agreement - Contract No. Q-12994. The agreement was terminated presently in the winddown process.
Unknown

State the term remaining

List the contract number of any government contract

**athenahealth, Inc.
311 Arsenal St.
Watertown, MA 02472**

2.2. State what the contract or lease is for and the nature of the debtor's interest

Commercial Lease Agreement for 2405 Rock Island Road, Oelwein, IA 50662, see Exhibit "A" for legal description of property.
10 years beginning 09/01/2019

State the term remaining

List the contract number of any government contract

**Buchanan County Health Center
Attn: Steve Slessor, CEO
1600 1st St. E
Independence, IA 50644**

2.3. State what the contract or lease is for and the nature of the debtor's interest

Medical Records Custody Agreement with a Business Associate Addendum dated 11/01/2019 between Oelwein Community Healthcare Foundation (OCHF) and Buchanan County Health Center (BCHC), BCHC agrees to serve as custodial agent of OCHF with respect to maintenance and safekeeping of patient records.
Remain in effect as required by law for maintenance of patient

State the term remaining

**Buchanan County Health Center
Attn: Steve Slessor, CEO
1600 1st St. E
Independence, IA 50644**

Debtor 1 **Oelwein Community Healthcare Foundation**
 First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

List the contract number of any government contract _____ records

2.4. State what the contract or lease is for and the nature of the debtor's interest

Specialty Services Agreement between Health First Medical and Cedar Valley Medical Specialists, P.C. for Orthopedics. Expires 02/28/2021

State the term remaining

List the contract number of any government contract _____

**Cedar Valley Medical Specialists, P.C.
4150 Kimball Ave.
Waterloo, IA 50704**

2.5. State what the contract or lease is for and the nature of the debtor's interest

Specialty Services Agreement between Health First Medical and Cedar Valley Medical Specialists, P.C. for Ophthalmology. Expires 01/08/2021

State the term remaining

List the contract number of any government contract _____

**Cedar Valley Medical Specialists, P.C.
4150 Kimball Ave.
Waterloo, IA 50704**

2.6. State what the contract or lease is for and the nature of the debtor's interest

License and Services Agreement between Oelwein Community Healthcare Foundation d/b/a Healthfirst Medical Park and Mercy Medical Center, Cedar Rapids, Iowa d/b/a Mercy Hall-Perrine Cancer Center. Expires 01/31/2020

State the term remaining

List the contract number of any government contract _____

**Mercy Medical Center
d/b/a Mercy Hall-Perrine Cancer Center
Attn: Rita Harris, Director
701 10th St. SE
Cedar Rapids, IA 52403**

2.7. State what the contract or lease is for and the nature of the debtor's interest

Agreement for bi-weekly payroll processing, issuance of year-end W-2's/1099's, and quarterly tax returns.

State the term remaining

List the contract number of any government contract _____

**Paylocity
Attn. J.J. Zearley
3850 N. Wilke Road
Arlington Heights, IL 60004**

Debtor 1 **Oelwein Community Healthcare Foundation**
First Name Middle Name Last Name

Case number (if known)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.8. State what the contract or lease is for and the nature of the debtor's interest **Commercial Lines Insurance Policy ending 9657.**

State the term remaining **Unknown**

List the contract number of any government contract

**Philadelphia Indemnity Insurance Co.
One Bala Plaza, Suite 100
PO Box 950
Bala Cynwyd, PA 19004**

2.9. State what the contract or lease is for and the nature of the debtor's interest **General liability policy with Travelers.**

State the term remaining **Unknown**

List the contract number of any government contract

**Travelers
PO Box 650293
Dallas, TX 75265-0293**

Fill in this information to identify the case:

Debtor name **Oelwein Community Healthcare Foundation**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF IOWA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Donald J. Woods Trust

c/o Julia J. Woods, Trustee
17 Hillside Dr. West
Oelwein, IA 50662
Real Estate Mortgage pledged by Donald J. Woods Trust and Guaranty of Donald J. Woods Trust both dated 01/08/2019.

FreedomBank

☐ D _____
☒ E/F **3.19**
☐ G _____

2.2 Donald J. Woods Trust

c/o Julia J. Woods, Trustee
17 Hillside Dr. West
Oelwein, IA 50662
Mortgage dated 12/13/2018 on 116.2 acres (more or less) of land at 80th and M Ave. in Maynard, IA 50655 with the Donald J. Woods Trust as Grantor.

Veridian Credit Union

☒ D **2.10**
☐ E/F _____
☐ G _____

2.3 Julia Woods

17 Hillside Dr. West
Oelwein, IA 50662
Personal Guaranty of \$166,000.00

Veridian Credit Union

☒ D **2.10**
☐ E/F _____
☐ G _____

2.4 Larry Woods

615 7th St. SE
Oelwein, IA 50662
Personal Guaranty of \$167,000.00

Veridian Credit Union

☒ D **2.10**
☐ E/F _____
☐ G _____

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Philadelphia Insurance Companies, Inc.	Claims Department PO Box 950 Bala Cynwyd, PA 19004 Potential claim for insurance coverage.	Donald J. Woods Trust	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---	---	-----------------------	--

2.6	Philadelphia Insurance Companies, Inc.	Claims Department PO Box 950 Bala Cynwyd, PA 19004 Potential claim for insurance coverage.	Boomerang Corp.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	---	---	-----------------	--

2.7	Philadelphia Insurance Companies, Inc.	Claims Department PO Box 950 Bala Cynwyd, PA 19004 Potential claim for insurance coverage.	FreedomBank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
-----	---	---	-------------	---

2.8	Travelers	PO Box 650293 Dallas, TX 75265-0293 Potential claim for insurance coverage.	Donald J. Woods Trust	<input checked="" type="checkbox"/> D <u>2.3</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------	---	-----------------------	--

2.9	Travelers	PO Box 650293 Dallas, TX 75265-0293 Potential claim for insurance coverage.	Boomerang Corp.	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
-----	------------------	---	-----------------	--

2.10	Travelers	PO Box 650293 Dallas, TX 75265-0293 Potential claim for insurance coverage.	FreedomBank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.19</u> <input type="checkbox"/> G _____
------	------------------	---	-------------	---

2.11	Walter Wayne Saur	120 E Charles St. Oelwein, IA 50662 Persoanl Guaranty of \$167,000.00	Veridian Credit Union	<input checked="" type="checkbox"/> D <u>2.10</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
------	--------------------------	---	-----------------------	---

Fill in this information to identify the case:

Debtor name Oelwein Community Healthcare Foundation

United States Bankruptcy Court for the: NORTHERN DISTRICT OF IOWA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:
From 1/01/2019 to Filing Date

Sources of revenue
Check all that apply

☐ Operating a business
Contributions, grants, & patient revenue
☒ Other _____

Gross revenue
(before deductions and exclusions)

Unknown

For prior year:
From 1/01/2018 to 12/31/2018

☐ Operating a business
Contributions, grants, & patient revenue
☒ Other _____

\$1,240,961.00

For year before that:
From 1/01/2017 to 12/31/2017

☐ Operating a business
Contributions, grants, & patient revenue
☒ Other _____

\$689,240.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Veridian Credit Union 1827 Ansbrough Ave PO Box 6000 Waterloo, IA 50704	11/07/19 & 12/04/19	\$55,594.23	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Veridian Credit Union swept Oelwein Community Healthcare Foundation's checking account at Veridian Credit Union on 11/07/19 for \$24,494.23, and on 12/04/19 for \$31,100.00.</u>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
InstyMeds Corporation 6501 City West Parkway Eden Prairie, MN 55344	InstyMeds Medication Dispenser	07/03/2019	Unknown
Abbott Laboratories Inc. D-943, CP1-4 100 Abbott Park Road North Chicago, IL 60064-6095	Ruby Analyzer and Architect	08/30/2019	Unknown
TIAA Commercial Finance, Inc. PO Box 911608 Denver, CO 80291-1608	Ultrasound - GE LOGIQ E9 Package, Serial #181005176027. TIAA sold, leased or otherwise disposed of the equipment for a gross sum of \$42,000.00, less expenses of \$750.09 and sale commission of \$12,600.00, the net sale proceed was \$28,649.91.	08/2019	Unknown
Canon Medical Finance USA 1000 Howard Blvd., Ste 103 Mount Laurel, NJ 08054	Canon Aquilion Lightning 80 Whole Body CT Scanner complete with all attachments and accessories SID #30045962.	09/10/2019	Unknown
Cepheid 904 Caribbean Dr. Sunnyvale, CA 94089	Cepheid instrumentation returned 09/10/2019 via FedEx.	09/10/2019	Unknown

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Veridian Credit Union 1827 Ansbrough Ave PO Box 6000 Waterloo, IA 50704	Veridian Credit Union swept Oelwein Community Healthcare Foundation's checking account at Veridian Credit Union on 11/07/2019 for \$24,494.23, and on 12/04/2019 for \$31,100.00. Last 4 digits of account number: 6040	11/07/19 & 12/04/19	\$55,594.23

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Boommerrang Corp v. Oelwein Community Healthcare Foundation CVCV 055550	Petition to Foreclose Mechanic's Lien	Iowa District Court for Fayette County 114 North Vine Street PO Box 458 West Union, IA 52175	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Donald J. Woods Trust v. Oelwein Community Healthcare Foundation et al. LACV055615	Civil	Iowa District Court for Fayette County 114 North Vine Street PO Box 458 West Union, IA 52175	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Day Rettig Martin, P.C. 150 1st Ave. NE P.O. Box 2877 Cedar Rapids, IA 52401	Debtor's counsel has received \$53,524.13 of which \$1,717.00 was earmarked for the Chapter 11 Filing Fee, \$50,188.55 was used for services and costs, some of which were not directly related to the bankruptcy filing but were ancillary to it.	04/24/2019 \$7,500.00; 06/03/2019 \$7,500.00; 10/07/2019 \$25,000.00; & 12/05/2019 \$13,524.13	\$53,524.13
Email or website address www.drplaw.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Buchanan County Health Center (BCHC) Attn: Steve Slessor, CEO 1600 1st St. E Independence, IA 50644	Furniture sold to BCHC pursuant to Agreement for Sale of and Purchase of Furniture and Bill of Sale dated 05/29/2019.	05/28/2019	\$85,000.00
Relationship to debtor None			

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.2	Buchanan County Health Center (BCHC) Attn: Steve Slessor, CEO 1600 1st St. E Independence, IA 50644	Equipment sold to BCHC pursuant to Agreement for Sale of and Purchase of Additional Equipment dated 08/02/2019.	08/07/2019	\$2,551.00
	Relationship to debtor None			
13.3	Dr. David Brennan 813 36th St. West Des Moines, IA 50265	Employment settlement	01/31/2019	\$21,250.00
	Relationship to debtor None			
13.4	Buchanan County Health Center Attn: Steve Slessor, CEO 1600 1st St. E Independence, IA 50644	Lockers and supplies sold to BCHC pursuant to Agreement for Sale of and Purchase of Additional Equipment and Supplies dated 09/03/2019.	09/04/2019	\$4,000.00
	Relationship to debtor None			
13.5	McKesson Medical-Surgical 9954 Mayland Dr, Ste 4000 Richmond, VA 23233	On 06/07/2019, Buchanan County Health Center purchased equipment and supplies from Oelwein Community Healthcare Foundation (OCHF) satisfying McKesson's claim for payment for such equipment and supplies against OCHF.	06/07/2019	\$100,000.00
	Relationship to debtor None			
13.6	Brown's Medical Imaging 14315 C Circle Omaha, NE 68144-3392	On 06/20/2019, Buchanan County Health Center purchased the 3D Mammography equipment from Oelwein Community Healthcare Foundation (OCHF) satisfying any claim that Brown's was owed for such equipment.	06/20/2019	\$335,000.00
	Relationship to debtor None			
13.7	Emmett Donnelly Auctioneering & Appraisa 2196 Gentry Ave. Independence, IA 50644	Miscellaneous office furniture sold at auction - waiting for settlement sheets	Unknown	Unknown
	Relationship to debtor None			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

☐ Does not apply

Address

**Dates of occupancy
From-To**

14.1. **22 South Frederick Ave., Ste C
Oelwein, IA 50662**

June 2016 - October 2018

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

**Nature of the business operation, including type of services
the debtor provides**

**If debtor provides meals
and housing, number of
patients in debtor's care**

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained.

No longer in the healthcare business, renting out the facility to Buchanan County Health Center (BCHC). Prior patient records subject to Medical Records Custody Agreement with a Business Associate Addendum dated 11/01/2019 between Oelwein Community Healthcare Foundation (OCHF) and BCHC, BCHC agrees to serve as custodial agent of OCHF with respect to maintenance and safekeeping of patient records.

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Healthfirst Medical 401(k) Profit Sharing Plan and Trust

Employer identification number of the plan

EIN: **45-3988044**

Has the plan been terminated?

☐ No

☒ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Maynard Savings Bank PO Box 158 Maynard, IA 50655	XXXX-5767	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	08/29/2019	\$636.15

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
---	---	-----------------------------	-----------------------

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
Saur & Saur 120 E Charles St. Oelwein, IA 50662	Wayne Saur	Donated holiday decorations stored in the basement.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Larry Woods Law Office of Larry F. Woods 24 N Frederick Ave. Oelwein, IA 50662	The items are actually stored in an apartment above the law offices - W. Wayne Saur and Larry Woods have access.	Quality control manuals for Lab, two (2) filing cabinets containing Oelwein Community Healthcare Foundation (OCHF) policy manuals, business agreements, safety manuals, and insurance agreements.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Mary Bridget C. Frank 416 N Frederick Ave Oelwein, IA 50662	Mary Bridget Frank	Invoices and a laptop computer.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

Owner's name and address	Location of the property	Describe the property	Value
The Shredder 1000 Thomas Beck Rd. Des Moines, IA 50315	120 E Charles St. Oelwein, IA 50662	Two (2) shred bins.	Unknown

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	------------------------------------	-----------------------------	----------------

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known)

Name and address		Date of service From-To
26a.1.	Cynthia Roehr Roehr Consulting 320 McKinsie Ct. NE Cedar Rapids, IA 52402	04/05/2018 to present
26a.2.	Linda Payne 512 2nd St. SW Oelwein, IA 50662	April 2018 - July 2018
26a.3.	Lindsey M. Rechkemmer, CFO 915 1st St NE Oelwein, IA 50662	July 2018 - May 2019

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	Eide Bailly LLP Attn: Carmen Krantz 1545 Associates Dr., Ste 101 Dubuque, IA 52002	Prepared 2018 Form 990 - Return of Organization Exempt From Tax
26b.2.	Dana Vietor SRS Investments 10425 North Central Expressway Dallas, TX 75231	02/2019

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Larry F. Woods 24 North Frederick Ave. Oelwein, IA 50662	Quality control manuals for Lab, two (2) filing cabinets containing Oelwein Community Healthcare Foundation (OCHF) policy manuals, business agreements, safety manuals, and insurance agreements.
26c.2.	Mary Bridget C. Frank 416 N Frederick Ave. Oelwein, IA 50662	Invoices
26c.3.	W. Wayne Saur 120 E Charles St. Oelwein, IA 50662	Bank statements and check books.
26c.4.	Jean Baldwin 101 8th Ave. SE Oelwein, IA 50662	Minutes and various documents.

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
- ☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
W. Wayne Saur	120 E Charles St. Oelwein, IA 50662	President	None
Jeff Gearhart	715 5th St. NE Oelwein, IA 50662	Vice President	None
Marty Stasi	5 Hillside Dr. East Oelwein, IA 50662	Treasurer	None
Jean Baldwin	101 8th Ave. SW Oelwein, IA 50662	Secretary	None
Alanna Levin	619 8th Ave. SE Oelwein, IA 50662	Director	None
Charles Serra	28 12th Ave. SE Oelwein, IA 50662	Director	None
Marilyn Rubner	8285 I Ave. Arlington, IA 50606	Director	None
Pat Taylor	2057 Neon Rd. Oelwein, IA 50662	Director	None
Tom Carrico	1406 Outer Rd. Oelwein, IA 50662	Director	None
CJ Lensing	310 Main St. West Maynard, IA 50655	Director	None

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

Name	Address	Position and nature of any interest	% of interest, if any
Amy McDonough	1408 Outer Rd. Oelwein, IA 50662	Director	None

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Lynda Paine	512 2nd St. SW Oelwein, IA 50662	Treasurer	March - August 2018

Name	Address	Position and nature of any interest	Period during which position or interest was held
Katy Solsma	703 5th St. SE Oelwein, IA 50662	Former Director	

Name	Address	Position and nature of any interest	Period during which position or interest was held
Susan Woods	615 7th St. SE Oelwein, IA 50662	Former Director	Left mid-year 2018

Name	Address	Position and nature of any interest	Period during which position or interest was held
Jan Woods Kelly	911 E Charles St. Oelwein, IA 50662	Former Director	Left mid-year 2018

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Dr. Brennan	\$21,250.00	01/31/2019	Buyout payment.
	Relationship to debtor Employee			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

Debtor **Oelwein Community Healthcare Foundation**

Case number (if known) _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 10, 2019**

/s/ W. Wayne Saur

Signature of individual signing on behalf of the debtor

W. Wayne Saur

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

**United States Bankruptcy Court
Northern District of Iowa**

In re **Oelwein Community Healthcare Foundation**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
--	----------------	----------------------	------------------

-NONE-

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **December 10, 2019**

Signature **/s/ W. Wayne Saur**
W. Wayne Saur

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Abbott
P.O. Box 92679
Chicago, IL 60675-2679

Abbott Laboratories Inc.
D-943, CP1-4
100 Abbott Park Road
North Chicago, IL 60064-6095

Abigail A. Roete
4473 Outer Road
Oelwein, IA 50662

Ace Hardware
20 North Frederick
Oelwein, IA 50662

Airgas USA, LLC
407 Performance Dr.
Cedar Falls, IA 50613

Alexa D. Blomme
1934 Rainbow Dr
Cedar Falls, IA 50613

Alliant Energy
PO Box 3060
Cedar Rapids, IA 52406-3060

Allison M. Bahlman
35 7th Ave SE
Oelwein, IA 50662

Amanda J. Gelhausen
801 5th St SE
Oelwein, IA 50662

American Proficiency Institute
Dept. 9526
PO Box 30516
Lansing, MI 48909-8016

Anne E. Jergens
502 Amy Ave
Fairbank, IA 50629

athenahealth, Inc.
311 Arsenal St.
Watertown, MA 02472

Baker Enterprises, Inc.
2203 E Bremer Ave.
PO Box 277
Waverly, IA 50677

Bio-RAD Laboratories, Inc.
PO Box 849740
Los Angeles, CA 90084-9740

Boomerang Corp.
12536 Buffalo Rd
Anamosa, IA 52205

Bradley & Riley PC
2007 1st Ave SE
PO Box 2804
Cedar Rapids, IA 52406-2804

Brown's Medical Imaging
14315 C Circle
Omaha, NE 68144-3392

Buchanan County Health Center
Attn: Steve Slessor, CEO
1600 1st St. E
Independence, IA 50644

Canon Financial Services, Inc.
14904 Collections Ctr Dr.
Chicago, IL 60693

Canon Medical Finance USA
1000 Howard Blvd., Ste 103
Mount Laurel, NJ 08054

Canon Medical Finance USA
158 Gaither Dr., Ste 200
Mount Laurel, NJ 08054

Canon Medical Systems USA, Inc.
Service Contracts Administration
Attn: Diane Rios
2441 Michelle Drive
Tustin, CA 92780

Caroline Giddings
General Counsel
Mercy Medical Center
701 10th St. SE
Cedar Rapids, IA 52403

Cedar Valley Medical Specialists, P.C.
4150 Kimball Ave.
Waterloo, IA 50704

CenturyLink
PO Box 2956
Phoenix, AZ 85062-2956

Cepheid
904 Caribbean Dr.
Sunnyvale, CA 94089

Christopher O'Donohoe
Elwood, O'Donohoe, Braun & White
101 North Locust Ave.
PO Box 310
New Hampton, IA 50659

City Laundering
PO Box 622
Oelwein, IA 50662

City of Oelwein
20 2nd Ave SW
Oelwein, IA 50662

Clay F. Hallberg
908 7th Ave NE
Oelwein, IA 50662

CompuGroup Medical
10715 Red Run Blvd, Suite 101
Owings Mills, MD 21117

Copy Systems Inc.
920 E. 21st St.
Des Moines, IA 50317

Credit Management, L.P.
6080 Tennyson Parkway, Ste 100
Plano, TX 75024-6002

Creditors Recovery Systems, Inc.
212 West St. Charles Road
Villa Park, IL 60181

Danielle N. Beatty
4750 90th St
Arlington, IA 50606

David Gengler
Kohner Mann & Kailas, S.C.
Washington Bldg, Barnabas Business Ctr
Milwaukee, WI 53212-1059

Donald J. Woods Trust
c/o Julia J. Woods, Trustee
17 Hillside Drive West
Oelwein, IA 50662

Eide Bailly LLP
1545 Associates Dr., Suite 101
Dubuque, IA 52002-2299

Employee Benefit Systems
Attn: COBRA Dept.
PO Box 681
Burlington, IA 52601-0681

Erin Dalziel
Risk Manager
Cedar Valley Medical Specialists, P.C.
4150 Kimball Ave.
Waterloo, IA 50704

Fayette County Treasurer
112 N Vine Street
PO Box 273
West Union, IA 52175-0273

Forman Ford
PO Box 692
Cedar Rapids, IA 52406

FreedomBank
f/k/a Farmers & Merchants Savings Bank
201 West Main St.
PO Box 9
Waukon, IA 52172

Geisler Brothers Co.
1500 Radford Rd.
Dubuque, IA 52002-2115

Henry Schein, Inc.
135 Duryea Road
Melville, NY 11747

Hubbard, Broadbent and Associates, Ltd.
5322 Davis St.
Skokie, IL 60077-1535

Image Works
701 Deming Way, Suite 201
Madison, WI 53717

ImageFirst
4870 J St. SW
Cedar Rapids, IA 52404

InstyMeds Corporation
6501 City West Pkwy
Eden Prairie, MN 55344

Internal Revenue Service
P. O. Box 7346
Philadelphia, PA 19101-7346

Iowa Department of Revenue
Office of the Attorney General of Iowa
Attn: Bankruptcy Unit
1305 E. Walnut Street
Des Moines, IA 50319

Iowa Solutions
1045 Sherman Rd.
Hiawatha, IA 52233

Iowa Workforce Development
1000 East Grand Avenue
Des Moines, IA 50319-0209

Jamie J. Rummel
706 Collins Rd.
Fairbank, IA 50629

Jessica Loban
220 East Street
Maynard, IA 50655

Jill B. Meyer
1110 Yukon Ave
Sumner, IA 50674

Jill D. Dierks
12275 Q Ave
Maynard, IA 50655

Julia Woods
17 Hillside Dr. West
Oelwein, IA 50662

Ken's Electric, Inc.
841 1st Ave. S.E.
Oelwein, IA 50662

Kerns Company, Inc.
841 1st Ave. SE
Oelwein, IA 50662

Kimberly Eckhoff
108 8th Ave. SE
Oelwein, IA 50662

Kluesner Sanitation, LLC
1005 1st Ave NW
PO Box 335
Farley, IA 52046

KWWL Television Inc.
PO Box 1001
Quincy, IL 62306-1001

Kyla Frost
24953 170th St
Sumner, IA 50674

Larry S. Eide
Pappajohn, Shriver, Eide & Nielsen P.C.
103 East State Street
PO Box 1588
Mason City, IA 50402-1588

Larry Woods
615 7th St. SE
Oelwein, IA 50662

Lindsey M. Rechkemmer
915 1st St NE
Oelwein, IA 50662

Lisa Nafziger
1705 354TH AVE
Wever, IA 52658

Marsha Black
908 7th Ave NE
Oelwein, IA 50662

Mary Bridget C. Frank
416 N Frederick Ave
Oelwein, IA 50662

McKesson Medical-Surgical
9954 Mayland Dr, Ste 4000
Richmond, VA 23233

Mediacom
PO BOX 5744
Carol Stream, IL 60197-5744

Medshred
1000 Thomas Beck Rd.
Des Moines, IA 50315

Megan Imoehl
2630 Manor St.
Waterloo, IA 50702

Mercy Medical Center
d/b/a Mercy Hall-Perrine Cancer Center
Attn: Rita Harris, Director
701 10th St. SE
Cedar Rapids, IA 52403

Merritt Hawkins & Associates
PO Box 281943
Atlanta, GA 30384-1943

Midwest Group Benefits Inc.
PO Box 408
Decorah, IA 52101

MMIC Insurance, Inc.
7701 France Ave. S, Ste 500
Minneapolis, MN 55435

Mollie Pawlosky
Dickinson, Mackaman, Tyler & Hagen, P.C.
699 Walnut Street, Ste 1600
Des Moines, IA 50309-3986

Oelwein Family Pharmacy
32 S Frederick Ave.
Oelwein, IA 50662

Oelwein Publishing
PO Box 511
Oelwein, IA 50662-0511

ONESOURCE
PO BOX 24148
Omaha, NE 68124

Paul D. Burns
Bradley & Riley PC
2007 First Ave. SE
Cedar Rapids, IA 52402

Paylocity
Attn. J.J. Zearley
3850 N. Wilke Road
Arlington Heights, IL 60004

Philadelphia Indemnity Insurance Co.
One Bala Plaza, Suite 100
PO Box 950
Bala Cynwyd, PA 19004

Philadelphia Insurance Companies, Inc.
Claims Department
PO Box 950
Bala Cynwyd, PA 19004

Professional Office Services
PO Box 450
Waterloo, IA 50704

Radiology Consultants of Iowa PLC
Attn: Accounting Dept.
1956 1st Ave. NE
Cedar Rapids, IA 52402

Ralph W. Heninger
Heninger and Heninger P.C.
10 W 2nd St., Ste 501
Davenport, IA 52801-1815

RedPharm Drug, Inc.
6501 City West Parkway
Eden Prairie, MN 55344

Rite Price Office Supply
214 S. Frederick
Oelwein, IA 50662-2041

robertson manufacturing
3020 Hickory Grove Rd.
Davenport, IA 52806-3331

Ron Van Veldhuizen
R.L. Van Veldhuizen Law Firm
19 East Charles St.
Oelwein, IA 50662

Russell Construction Co., Inc.
4600 E 53rd St.
Davenport, IA 52807

Samuel E. Jones
Shuttleworth & Ingersoll, P.L.C.
115 Third St. SE, Ste 500
PO Box 2107
Cedar Rapids, IA 52406-2107

Sarah L. Kadlec
820 W 1st St.
Sumner, IA 50674

Selina M. Berry
2387 20th Street
Lamont, IA 50650

Sensoscientific
685 Cochran St., Ste 200
Simi Valley, CA 93065

Shared Medical Services, Inc.
209 Limestone Pass
Cottage Grove, WI 53527-8968

Shianne N. Moser
416 3rd Ave. NE
Oelwein, IA 50662

Shirley Jane Saur
411 - 8th Avenue N.E.
Oelwein, IA 50662

Simmons Perrine Moyer Bergman PLC
Attn: Kathleen Kleiman
115 - 3rd St. SE, Ste 1200
Cedar Rapids, IA 52401

State Hygienic Laboratory
PO Box 310405
Des Moines, IA 50331-0405

StewartScape, Inc.
3287 R Ave.
Oelwein, IA 50662

The Coding Network, LLC
PO Box 101794
Pasadena, CA 91189-1794

The Shredder
1000 Thomas Beck Rd.
Des Moines, IA 50315

TIAA Commercial Finance, Inc.
PO Box 911608
Denver, CO 80291-1608

TIAA Commerical Finance, Inc.
10 Waterview Blvd., 2nd Fl.
Parsippany, NJ 07054

Tim L. Charles, President & CEO
Mercy Medical Center
701 10th St. SE
Cedar Rapids, IA 52403

Todd Locher
Locher & Davis PLC
PO Box 7
Farley, IA 52046

Townsquare Media, Inc.
501 Sycamore St., Ste 300
Waterloo, IA 50703

Travelers
PO Box 650293
Dallas, TX 75265-0293

United Healthcare Insurance Company
PO Box 10176
Atlanta, GA 30392-1760

US Attorney (IRS)
111 7th Avenue SE, Box 1
Cedar Rapids, IA 52401

Veridian Credit Union
Commercial Lending
1827 Ansborough Avenue
PO Box 6000
Waterloo, IA 50704-6000

Veridian Credit Union
Attn: Lynn Gilbertson
1827 Ansborough Ave.
Waterloo, IA 50701

VOICEPRODUCTS
8555 East 32nd St. North
Wichita, KS 67226

WAPITI MEDICAL GROUP, LC
6112 Chancellor Dr.
Cedar Falls, IA 50613

Weland Clinical Laboratories, PC
1911 First Ave. SE
PO Box 1924
Cedar Rapids, IA 52406-1924

Wellmark BlueCross BlueShield
PO Box 14456
Des Moines, IA 50306

Wesley B. Huisinga
Shuttleworth & Ingersoll, PLC
115 3rd St. SE, Ste 500
Cedar Rapids, IA 52401

**United States Bankruptcy Court
Northern District of Iowa**

In re **Oelwein Community Healthcare Foundation**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 10, 2019**

/s/ W. Wayne Saur

W. Wayne Saur/President

Signer/Title

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Iowa**

In re **Delwein Community Healthcare Foundation**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	53,524.13
Prior to the filing of this statement I have received	\$	53,524.13
Balance Due	\$	0.00

2. \$ **0.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Debtor's counsel has received \$53,524.13 of which \$1,717.00 was earmarked for the Chapter 11 Filing Fee, \$50,188.55 was used for services and costs, some of which were not directly related to the bankruptcy filing but were ancillary to it. There remains a balance of \$1,618.58 in the trust account.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Total compensation will be determined pursuant to application and notice as is required by the bankruptcy rules.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 10, 2019

Date

/s/ Ronald C. Martin

Ronald C. Martin AT0005050

Signature of Attorney

Day Rettig Martin, P.C.

PO Box 2877

Cedar Rapids, IA 52406-2877

(319) 365-0437 Fax: (319) 365-5866

ronm@drpjlaw.com

Name of law firm

**United States Bankruptcy Court
Northern District of Iowa**

In re **Oelwein Community Healthcare Foundation**

Debtor(s)

Case No.
Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Oelwein Community Healthcare Foundation** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

December 10, 2019

Date

/s/ Ronald C. Martin

Ronald C. Martin AT0005050

Signature of Attorney or Litigant

Counsel for **Oelwein Community Healthcare Foundation**

Day Rettig Martin, P.C.

PO Box 2877

Cedar Rapids, IA 52406-2877

(319) 365-0437 Fax:(319) 365-5866

ronm@drpjlaw.com